

This form **MUST** be completed by the Financial Aid Representative at the applicable training provider. Please return by fax or mail to the Workforce Development office.

ADULT/DW PROGRAM FINANCIAL AID VERIFICATION

GEORGIA MOUNTAINS WORKFORCE DEVELOPMENT
2481 HILTON DRIVE, SUITE 8, GAINESVILLE, GEORGIA 30501
(770) 538-2727 • (770) 538-2729 FAX

Student Name: _____ SSN: _____

The student indicated above **applied** for Financial Aid assistance to attend:

_____ on _____
School Date

Campus Location: _____

The following Financial Aid, identified by source and semester amount, has been approved, pending full time registration:

PELL _____ HOPE _____

SEOG _____ OTHER _____

These amounts have been approved for the following semesters:

Fall: _____ Spring: _____ Summer: _____

If the student maintains satisfactory progress and an acceptable grade point average, similar financial aid may be expected for the student's remaining semesters of attendance. ☐ Yes ☐ No

The student's program of study is: _____.

Expected completion date for this student is: _____.

Name of Financial Aid Officer / Title

Signature of Financial Aid Officer

Date

I grant my permission for the release of this information to the Georgia Mountains Workforce Development.

Student Signature

Date